

**TEXAS DEPARTMENT OF LICENSING AND REGULATION**

P.O. Box 12088 - Austin, Texas 78711-2157
(800) 803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.tdlr.texas.gov - cs.cosmetologists@tdlr.texas.gov

APPLICATION FOR:

Application for An Expired Texas Cosmetology License

PURSUANT TO OCCUPATIONS CODE, CHAPTER 1602

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
License Fee			\$53.00		

1. Applicant's Full Name:

Last (Family Name) First (Given Name) Middle

2. Applicant's Social Security No.:

_____-_____-_____
Note: If you have a Social Security Number, Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders.

3. Do you have a Social Security Number?

(circle one)

YES**NO****4. Date of Birth:**

____/____/____
Month Day Year

5. Gender:

MALE

FEMALE

(circle one)

6. Mailing Address and Contact Information: (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)

Number, Street and Apt. No. - OR - P.O. Box Number

(____)

City State Zip Code Country Area Code Phone Number

FAX Number:

(____)

Area Code Phone Number

E-mail Address (johndoe@aol.com for example)

7. Type of Exam/License Applying for: (circle one)

Operator Manicure Specialist Esthetician Specialist Hair Braider Specialist

Hair Weaving Specialist Wig Specialist Eyelash Extension Specialist

8. Have you obtained a high school diploma or the equivalent of a high school Diploma? (Not required for Hair Weaving or Braiding Specialist)

Yes ____ No ____

9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? ____ YES ____ NO (check one)

If YES, attach a "Criminal History Questionnaire" to this application. A Criminal History Questionnaire may be found at www.tdlr.texas.gov/cosmet/cosmetforms.htm.

10. Have you ever had an occupational license, certification or registration suspended, revoked or denied in any state? ____ YES ____ NO (check one)

Please note this is not referring to a driver's license, but rather any type of work-related license, certification or registration. If YES, attach a "Disciplinary Action Questionnaire" with this application. A Disciplinary Action Questionnaire may be found at www.tdlr.texas.gov/cosmet/cosmetforms.htm.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Tex. Occ. Code, Chapters 51, 1602, and 1603; 16 Tex. Admin. Code, Chapter 60; and, the Cosmetology Administrative Rules, 16 Tex. Admin. Code, Chapter 83. I understand that providing false information on this application may result in denial or revocation of the license I am requesting and the imposition of administrative penalties.

Date Signed

Signature of Applicant

NOTE: State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGS LC)** unless the licensee has entered into a repayment agreement with TGS LC. YOU SHOULD CONTACT TGS LC BEFORE FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGS LC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed Student Loan Corporation, P.O. Box 15996, Austin, Texas 78761-5996, Telephone: 1-800-222-6297.**

All payments must be in the form of a cashiers check or money order and payable to TDLR.